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ABSTRACT

Sexual feelings between therapist and client have been a source of theoretical controversy since the beginnings of modern psychotherapy. Psychotherapists' (N=72) verbal behavior, affective reactions, and clinical judgments in response to audiotapes of client sexual material were investigated. Therapist gender, client gender, and type of sexual content were systematically varied. After hearing and responding to a client tape, therapists rated their own anxiety and sexual arousal, the client's attractiveness and pyschopathology, and the ease of establishing a therapy relationship with the client, and completed several demographic and attitude scales. Female therapists were more comfortable than males with client sexual material. Male therapists with liberal sexual attitudes were sexually aroused by a seductive female client and encouraged such interactions. Conservative men were aroused by a woman describing her sexual problem, but reacted with anxiety and verbal avoidance. These results illustrate that a well-trained and experienced group of professionals is not entirely comfortable in dealing with client sexuality. More direct and extensive education is needed to increase therapists' knowledge about sexuality, and to help them cope with their sexual attraction to clients. (Author/NRB)

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GENDER DIFFERENCES IN THERAPIST RESPONSES TO CLIENT SEXUAL MATERIAL

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Gender Differences in Therapist Responses to Client Sexual Material

Statement of the Problem

This presentation concerns a study investigating the responses of male and female psychotherapists to a male or female analogue client discussing sexual material. Although there has been little empirical research in this area, sexual feelings between therapist and client have been a source of theoretical controversy since the beginnings of modern psychotherapy (Marmor, 1970). Freud (1915/1949) believed strongly that the client's transference love was a form of resistance, and that any sexual feelings on the part of a therapist constituted harmful countertransference reactions. More recently, psychoanalysts have become more accepting of sexual feelings as a useful factor in therapy (Searles, 1959). One ethologically-oriented clinician (Scheflen, 1965) has even suggested that "coutship" behaviors are the glue holding the therapeutic relationship together. Behavioral sex therapists are also paying more attention to this topic. Levay, Kagle, and Weissberg (1979) suggested that focusing on sexuality in therapy often intensifies erotic transference, causing resistances that must be discussed and overcome. Kaplan (1977) feels that attraction to clients is often a problem for male sex therapy trainees, although she has not seen erotic countertransference in female clinicians.

Much has been written recently about sexual relationships between therapist and client. Gender differences in sexual contact have been repeatedly and strikingly found (Butler &

Zelen, 1977; Holroyd & Brodsky, 1977; Pope, Levenson, & Schover, 1979). Such contacts almost always involve a male therapist and a female client. It may well be that this gender difference is associated with measurable differences in more subtle verbal and nonverbal strategies used by male vs. female therapists in responding to sexual feelings. In order to prevent unethical conduct, we need training for therapists in coping with feelings of attraction to clients. The present study gathered data on gender differences in therapist behavior in such situations.

The major hypothesis was that traditional sex-role expectations lead to a higher probability of certain therapist errors in certain gender pairings of clinician and client. Specifically, male therapists with female clients might indulge in voyeuristic behavior, paying too much attention to sexual material. Female therapists with male clients might react phobically to sexual material, avoiding the topic and experiencing considerable anxiety. Within same-sex dyads, a female therapist was expected to be more comfortable with sexual material than a male therapist. Comfort was assessed in terms of therapists' verbal responses to the client, affective reactions, and clinical judgements.

Subjects

The sample included 12 male and 12 female therapists in each of the categories of post-residency psychiatrists, PhD-level clinical psychologists, and MSW-level social workers (N = 72). They volunteered 45 min. of their time and were recruited either through staff meetings in Los Angeles area mental health facilities, or by phone contact.

Procedure

Therapists were run in their own offices. Each saw either a male or female client description, including a photograph. Male and female descriptions were identical except for pronoun gender changes, and the photographs were equated for high levels of physical attractiveness. The purpose of the description was to let the therapist know that the client was a 31-year-old art director in an advertising agency who experienced mild anxiety and depression subsequent to a divorce. The client had not had previous psychotherapy. Therapists were told they would hear excerpts from the client's sixth month of treatment with a private practitioner.

Therapists then heard one of four audiotapes: a female client who said she could not reach orgasm during intercourse or a male client who complained of mildly premature ejaculation (Dysfunction Condition); or a male or female client who was sexually seductive towards the therapist (Attraction Condition). Male and female versions in each condition were identical except for pronoun and sexual problem changes. Vignettes were judged as realistic through extensive pilot work. A tape consisted of seven 45-second excerpts, each followed by a pause in which the therapist tape-recorded what they would say next to the client.

Half of therapists heard a same-sex client, and half an opposite sex client. Therapist profession was distributed equally across groups. Assignment to a condition was randomized.

After the tape, therapists rated their own anxiety and sexual arousal, the client's attractiveness and psychopathology, the importance of the vignette content, the need for a consult on the case, the ease of establishing a therapy relationship with

the client, and their enjoyment of the case. The therapist was then asked demographic information questions and filled out (in randomized order) the UCLA Loneliness Scale, a short form of the Mosher Sex Guilt Scale, and the Attitudes Subscale of the Sex Knowledge and Attitudes Test (SKAT). This subscale produces four attitude scores: Heterosexual Relations, Abortion, Masturbation, and Sexual Myths, as well as an Average score.

Subjects were run by three female and three male experimenters. Half the subjects saw a same-sex experimenter, and half an opposite-sex experimenter, controlling for experimenter effects. The experimenter also left the room during the client audiotape to provide more privacy.

Therapist verbal responses were transcribed and coded (with checks on inter-rater reliability) with two rating scales. The first was an approach-avoidance scale (Bandura, Lipsher, & Miller, 1960), which describes a therapist response as either encouraging or discouraging the client's topic of conversation. The second rating system was a response category scale (Whalen & Flowers, 1977), dividing responses into modes such as reflection, interpretation, advisement, etc..

Results

Female therapists were more verbally encouraging of client sexual material than male therapists. Women used more reflections and fewer process statements or disapproving responses. Female therapists also felt it would be easier to establish a good therapy relationship with all clients than men did. Men were mildly sexually aroused by an attractive, opposite-gender client, but women reported little arousal in any condition. For male therapists, but not for women, those who were sexually aroused

by a client made more verbal approach responses and rated the client as more physically attractive.

Female clients elicited more verbal process requests than male clients, and were rated as more enjoyable to treat.

All therapists made more avoidance responses to seductive clients than to the client complaining of a sexual problem. Therapists used fewer information-seeking questions and reflections in the attraction condition, and more disapproval and process statements. They also reported more anxiety in response to seductive clients, felt it would be harder to establish a good therapy relationship with them, and that they would be less enjoyable as cases. Men exposed to seductive female tapes made a striking number of self-disclosures, usually about their anxiety, anger, or attraction to the client.

SKAT scores were useful predictors, particularly of male therapists' behavior with female clients. Men who had liberal beliefs about abortion and sex outside of marriage had erotic responses to female seductive client tapes. They got mildly anxious and gave a fair number of verbal approach responses. Men who were conservative on these dimensions were sexually aroused by female clients who discussed a sexual problem, but this group was quite anxious and made more avoidance responses than other therapists. Men who agreed with cultural sexual myths were less anxious with seductive female clients and gave the client more verbal encouragement to continue than did men rejecting of sexual misconceptions.

Sex guilt and loneliness had more minor predictive value. Guilty therapists expressed a greater need for a consult on the cases and felt their verbal responses did not closely resemble what they would say in a real session. Lonely therapists were

simply more anxious with all clients.

Therapist demographic characteristics, including age, years of experience, relationship status, orientation, training in sexuality or sex therapy, and work setting were not correlated with verbal behavior or affective reactions.

Therapist profession, however, did show some interesting relationships to comfort with client sexual material. Psychiatrists seemed the most authoritative of the therapists, feeling less need for a consult, and giving the client more advice and interpretations. They also showed more evidence of believing that women should have orgasms during intercourse, of discomfort with homosexually seductive clients, and of enjoying heterosexually seductive clients. Male psychiatrists were particularly extreme in these regards. While psychologists did not stand out in any way, social workers were the group most sexually aroused, most conservative in sexual attitudes, and least likely to have had training in sex therapy.

There was some evidence of sexism in clinical judgements. Male therapists rated the female client who could not have orgasms during intercourse as much more disturbed than did female therapists. The whole therapist sample felt that female client seductiveness was a more important therapeutic issue than male seductiveness.

There was also some bias against the homosexually seductive clients. These clients were seen as less physically attractive than their same-sex dysfunction condition counterparts. Heterosexual seductiveness, however, did not decrease comparative ratings of client attractiveness.

Conclusions

These results illustrate that a well-trained and experienced

group of professionals are not entirely comfortable in dealing with client sexuality. More direct and extensive education is needed to increase therapists' knowledge about sexuality, and to help them cope with sexual attraction to clients. This may entail role-playing, didactic case presentations, and sexual attitude reassessment. The population most at risk for therapeutic error appears to be the male clinician seeing an attractive female client. These therapists were the ones who demonstrated either voyeuristic or phobic strategies of dealing with sexual material. Clinicians must be fully aware of their feelings and ethical positions vis a vis such issues as therapist-client sex, homosexuality, and unconventional sexual practices. Only then can they respond helpfully when confronted with such client material.

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